



fighting heart disease  
and stroke  
european heart network

## Cardiovascular research in the context of the post-2020 European research framework

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### General reflections

Cardiovascular disease (CVD) – including heart disease and stroke – affects 49 million people in the EU alone. CVD is *the* leading cause of death and a considerable burden of disability in the EU<sup>1</sup> (see box below). Despite this, funding for CVD research through Horizon 2020 would appear to be quite modest (approx. 1% of total research projects compared to, for example, approx. 5% for cancer). We have also noted that already in the early stages of adoption of the EU's new research Framework programme – Horizon Europe – there are proposals for including a Mission (Pillar II of Horizon Europe) on cancer, while no equivalent Mission has yet been proposed for cardiovascular disease.

Missions, according to the European Commission<sup>2</sup>, must be of “high-impact”, “expected to be cross-cutting in nature and so receive their budget from more than one cluster”. Given that a large number of the areas of intervention under the Pillar II clusters<sup>3</sup> – and of EU legislative competence – are proven to have a greatly positive impact on reducing the burden of CVD, *it seems only logical that promoting cardiovascular health would be a perfect fit for a ‘high-impact, cross-cutting Mission’*. And one that would be relevant to citizens while also delivering political, societal and economic results.

#### CVD Burden in the EU

Source: EHN European Cardiovascular Disease Statistics 2017

- 49 million live with CVD
- 1.8 million die every year  
> 192 000 of whom aged below 65
- The total annual cost is estimated at € 210 billion:
  - € 111 billion costs to the healthcare systems
  - € 54 billion production losses
  - € 45 billion informal care costs

### Key areas for CVD research

A strategic CVD research agenda necessitates a prioritisation of basic and translational clinical research allowing for new discoveries that can have a noteworthy impact on the burden of chronic cardiovascular diseases and make a significant difference in the lives of the millions of people living with them. To achieve the best outcome for the patients, it is important to involve them in setting the research agenda, during all phases of (clinical) research and in policy making.

<sup>1</sup> <http://www.ehnheart.org/cvd-statistics/cvd-statistics-2017.html>

<sup>2</sup> [https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-horizon-europe-decision\\_en.pdf](https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-horizon-europe-decision_en.pdf) and [https://eur-lex.europa.eu/resource.html?uri=cellar:7cc790e8-6a33-11e8-9483-01aa75ed71a1.0002.03/DOC\\_2&format=PDF](https://eur-lex.europa.eu/resource.html?uri=cellar:7cc790e8-6a33-11e8-9483-01aa75ed71a1.0002.03/DOC_2&format=PDF)

<sup>3</sup> **Health cluster:** ‘Health Throughout the Life Cluster’, ‘Environmental and Social Health Determinants’, ‘Non-Communicable Diseases and Rare Diseases’, ‘Healthcare Systems’; **Climate, Energy and Mobility cluster:** ‘Communities and Cities’, ‘Clean Transport and Mobility’; **Food and Natural Resources cluster:** ‘Food Systems’, among others

Below, we outline key areas to be considered in the post-2020 European research framework that reflect two main pillars of the *European Heart Network's* 2019-2023 strategy.

***Prevent avoidable cardiovascular diseases***

- **earlier recognition** of cardiovascular disease to avoid irreversible organ damage
- better assessment of **personal risk** to improve adherence to lifestyle counselling and preventive medical treatment
- evaluation of **policy measures** to ensure implementation of effective policies that address whole populations, to limit the development of risk factors for CVD

***Strengthen the position of people with cardiovascular diseases***

- **personalised and gender-specific treatment and management and better communication** and coordination between the doctor and patient to customise treatment to individuals' circumstances and co-morbidities and to improve adherence to treatments
- **acute treatment of stroke** including optimal organisation of acute care facilities
- improved treatment of **heart failure and atrial fibrillation** to reverse the pathophysiology responsible for these diseases and support healthy ageing.



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